

**S.E.T.V. Channel 34**  
**Cablecast Request & Indemnification Form**

**Name** \_\_\_\_\_

**Organization (If Any)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone:** (H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**PUBLICITY INFORMATION:**

Title of Program: \_\_\_\_\_

Host: \_\_\_\_\_ Guests: \_\_\_\_\_

Description: (What, Where, When): \_\_\_\_\_

Topic: \_\_\_\_\_

PSA Public Service Announcement \_\_\_\_\_ Series \_\_\_\_\_ Special \_\_\_\_\_ Other \_\_\_\_\_

IF series, frequency of new programs: Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Other \_\_\_\_\_

**PROGRAMMER PLAYBACK INFORMATION:**

FORMAT: VHS \_\_\_\_\_ S-VHS \_\_\_\_\_ MINI-DV TAPE \_\_\_\_\_ LIVE \_\_\_\_\_ Other \_\_\_\_\_

SATELLITE \_\_\_\_\_ TIME/COORDINATES: \_\_\_\_\_

START TIME	_____	:	_____	:	_____	
(from beginning of "tape" 00 to start of program)	hours		minutes			
seconds						
+	ACTUAL RUN TIME OF PROGRAM	_____	:	_____	:	_____
		hours		minutes		
		seconds				
=	END TIME	_____	:	_____	:	_____
		hours		minutes		
		seconds				

I accept full responsibility for program content submitted for cablecast on Shrewsbury Media Connection channels. I have a copy of SMC Policy & Guidelines, and, I understand and agree to abide by the rules therein. I hereby agree to indemnify and hold harmless SCC, SMC, its officers, directors, employees and agents from any liability or legal fees and warrant represent that the program does not contain: Commercial advertising; material which constitutes libel, slander, obscenity, pornography, invasion of privacy or publicity rights; unauthorized use of copy righted material; works in violation of FCC regulations, local, state or federal laws. I agree to provide SMC staff herewith copies of releases, licenses or other permissions. I agree to release SCC, SMC, their employees and agents from responsibility if tape or form is damaged, lost or stolen while in their custody.

---

PRODUCER'S SIGNATURE

DATE

---

COMMUNITY SPONSOR or PARENT/GUARDIAN (IF MINOR)

DATE

---

S.E.T.V. COORDINATOR'S SIGNATURE

DATE

***Shrewsbury Media Connection, 15 Parker Road, Shrewsbury MA 01545***

***Phone: (508) 841-8650 Fax: 508 841-8651***

***ldesjard@ci.shrewsbury.ma.us***